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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	10/582,006-Conf. #8938
		<b>Filing Date</b>	June 7, 2006
		<b>First Named Inventor</b>	Ching-Juh Lai
		<b>Title</b>	MONOCLOINAL ANTIBODIES THAT BIND OR NEUTRALIZE DENGUE VIRUS
		<b>Art Unit</b>	
		<b>Examiner Name</b>	
		<b>Attorney Docket No.</b>	84403(47992)

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

46037

**OR** I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:**OR** The address associated with Customer Number:

46037

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Peter F. Corless EDWARDS ANGELL PALMER & DODGE LLP
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I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature /Peter F. Corless/ Date September 11, 2009

Name Peter F. Corless Telephone (617) 517-5557

Title and Company Attorney for Assignee

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 1 forms are submitted.